MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 17 institution; Residence before admission) b. COUNTY STATE MARYLAND SOMERSET SOMERSET MARYLANO b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b FAIRMOUNT FATRMOUNT Depar after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? State AT HOME YES TO NO 3. NAME OF First Middle Lest 4. DATE Month Day Year DECEASED with the (Type or print) MARGARET DEATH BRODKA OCT . 1967 19 ive Pages 1, 6. COLOR OR RACE DATE OF BIRTH AGE (in years lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED s after death. 18. Give Pages Months Days Hours Min. NE FEMALE WHITE 1917 6 WIDOWED DIVORGED 50 10e, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT U.S.A. BOOKEEPER DUNDALK. MD. Page 1 13. FATHER'S NAME MOTHER'S MAIDEN NAME hours 24 hour MARTIN RATHE ANNE CARL 是清 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (() fives give war or dates of service) 18, SOCIAL SECURITY NO. 17. INFORMANT Address **EXAMINER:** This certificate should be executed within the certificate, writing the word "pending" in pencil should be forwarded to the Chief Medical Examiner's files. Permit FREDERICK BRODKA FAIRMOUNT INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage burial-fransit seconds DUE TO Ruptured aneursm vears Conditions, if eny, which gave rise to immediata DUE TO cause (a), stating the used as a to burial, cq underlying cause last. (c) PART 1), OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work et work FUNERAL DIRECTOR: Page f Health or its designated 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry and in my ppinion Natural causes X Undetermined manner death resulted from: Accident Suicide Homicide DEPUTY ME. CHIEF MEDICAL EXAMINER for your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OEPUTY MEDICAL EXAMINER X Everett SutterMD please ex director. retained EXAMINER! Somerset 10-4-6 Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, 23b.
REMOVAL (Specify) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. DATE THEREOF 23c. of o PRINCESS ANNE. MD. CEM. 0 5 1967 LIVER T.BEAUCHAMP REGISTRAR'S SIGNATURE REC'O BY REGISTRAR! 25b. 24. FUNERAL DIRECTOR **AODRESS** 196 PRINCESS ANNE. MD. WILSON VR ALSME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14463 CERTIFICATE OF DEATH 14471 requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATHL 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CAY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 outside comorate limits, write RURAL and give nearest town) illed in by th papers. Pag fin 72 hours write RURAL and give nearest town) make d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE filled ON A FARM? NO NAME OF Middle DATE carban Doy Year DECEASED OF DEATH event, 196 NEVER MARRIED DATE OF BIRTH AGE IF UNDER 1 YEAR IF UNDER 24 HRS remove Months hirthdoy) Doys Hours and in any WIDOWED DIVORCED and 1Do. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDIESTRY COUNTRY ? physician 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME ar removal, en signed by the attending INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no orlunknown) (If yes give wor or dotes of service) crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), MTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ACUTE CORONARY THROMBOSIS IMMEDIATE CAUSE (o) attending physician. DUE TO burial, Conditions, if ony, which gove ART. SCIEROSIS CARD16-UN DETFEN rise to immediate couse (o). DUE TO as the prior to stating the underlying cause has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Dept. of Health NO E the hospital ar this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form. (City or town) (State) (County) Hour o.m. foctory, street, office bldg., etc.) at work of work TO FUNERAL DIRECTOR: After 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram ta be retained should 2 0 SCT 19 67 and that death accurred at 900PM, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. r, page 3 be filed v DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, shauld by 230 BURIAL, CREMATION (Stote), FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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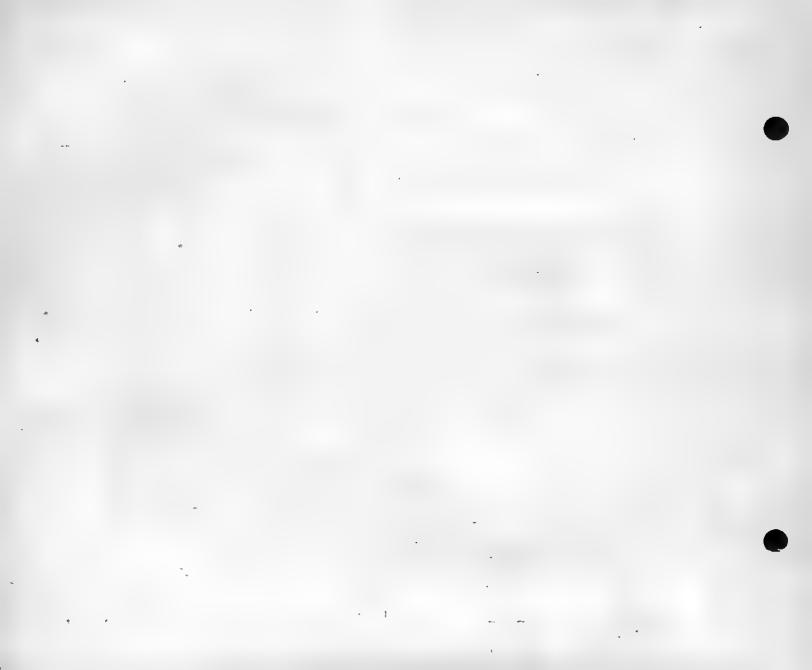
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14465 14473 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Somerset o. COUNTY b. COUNTY Maryland Somerset MARYLAND 24 hours after b. CITY OR TOWN (If autside carparate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) 20 Days Marion Station d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM McCready Memorial Hospital NO Z requires that the death certificate be executed within NAME OF 4. DATE Year DECEASED John Finny Oct. 1967 and in ony event, (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (in years IF UNDER 24 HRS. last birthdoy) Days Haurs Male Negro WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHA 13. FATHER'S NAMEC or removal, offending 15. WAS DECEASED EXPR IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates af service arion 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO X 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or fown) (Caunty) (State) Hour a.m. factory, street, office bldg., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram , 19___, that (I) (we) last TO FUNERAL DIRECTOR: saw the deceased alive ano 125/67 and that death occurred at 2/1 CM, fram causes and an the date stated above. 22a. SIGNATURE 1 22b. DATE SIGNED M.D. DIRECTOR PHYS. director, poge should be filed TO HOSPITAL Poge 4 may b 22d. ADDRESS 22c. PHYSICIAN'S C. Kaufman, M.D. Crisfiel d, Maryland NAME (Type) r. 28196 NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) Branch Star Some MH 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

444 onulgran JAMES TO SE 185 (194 Fee retied bless - indicate introduct the amount too galeiga Agaleiga (x. .50 Cress III HER WILLY AND STREET, LINE HER Henry Ind Family Walte (Anti-court) Street, and and expended things to the first title and which there is not the we then the think that I had then the 79/32/01 20/32/01 R. F. editer, .T.F. beraltenny in filligates formal latestate formal and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Somerset Maryland Somerset MARYLAND the funeral 5 may be CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give naarest town) c. LENGTH OF STAY IN 1b Departs after de 2 days Marion Station Crisfield e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS ON A FARM? any delay in 2, and 3 to 1 McCready Memorial Hospital Rural YES K NO Stat 4. DATE Month Day NAME OF Middle Last DECEASED 25 1967 ARTHUR GROSS CHARLES DEATH October (Type or print) after death. If an 3. Give Pages 1, 2 one with form P With AGE (In yaers | IFUNDER 1 YEAR | IFUNDER 24 HRS | lest birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED X DATE OF BIRTH 2 with June 5, 1955 Male White WIDOWED [DIVORCED T event 12. GITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if ratirad) INDUSTRY COUNTRY? USA -Student School Columbia, S. C. 18. Gi pages I 13. FATHER'S NAME MOTHER'S MAIDEN NAME n 24 hours 3 I in Item 18. s Office alo Theodore W. Gross Anna Schurg File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, go, or unkown) [(If yes give war or dates of service) removal. Theodore W. Gross. Same as 2. abcd permit, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is nowly be forwarded to the Chief Medical Examiner's INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Hemorrhage secondary to laceration of PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (6) 24 hrs. liver. DUE TO Conditions, if any, which (b) gave rise to immedieta DUE TO causa (a), ateting the 63 used as a to burial, underlying cause lest, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the should be forwarded to the YES T NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Wheel of wagon passed over body crushing liver. 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) (State) 20f. (City or town) MEDICAL 20c, TIME OF INJURY Month, Dey, Yaar factory, strast, offica bidg., atc.) Not While AC Som. Md. Whila Marion Farm CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion X, DIRECTOR: Undetermined manner Homicide death resulted from: Natural causes Accident x Sulcide CHIEF MEDICAL EXAMINER Your 4 22. DATE SIGNED Page execute **ACTUAL** ASSISTANT MEDICAL EXAMINER O DEPUTY MEDI SIGNATURE 10/20/67 for DEPUTY MEDICAL EXAMINER FUNERAL I Address (Straat, city, town, or county) Crisfield, Md. EXAMINER'S director. G. Rawley NAME (Type) 23d. LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIAL, CREMATION, 23b. Burial (Spacify) Sunnyridge Cemetery to Crisfield. Md. Oct. 18, 1967 0 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR atlantas Bradshaw & Sons, Crisfield, Md. VR ALSME (5 1/65

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唐	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
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n 18. G along pages 1 in any	Retired Waterman Matthews Co Va. US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
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n 24 in 11 s Off	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)						
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MINE ertifica d be Page							
EXAMINE certific should be in files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion death resulted from Natural causes 200. Accident Suicide, Homicide Undetermined manner						
	ACTUAL GLOS ACTUAL CONTROL OF ACTUAL STANDARD CO						
== 0.0 O _ O	SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMI						
DEPUTY W lease exertirector. Petained for FUNERAL	EXAMINATE (Type) Everett SutterMD Address (Street, city, town, or county) Somerset 10-28-						
O DEPUTY please ex director. retained i	23a. BURIAL, CREMATIDN, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
5-2-50	Burgel 10-20-67 St John's Cometery Deal Island, Md. 24 December 1967 Address 25a. Rec'd By Registrar's Signature NOV 1 1967 Charles June 1967						
VR ALSME (5)	Lordy Webster, Princess Anne DATE NOV 1 1961 Charles Judges						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived of institution Residence before admission) PLACE OF DEATH o. STATE b. COUNTR o. COUNTY MARYLAND delay outside corporate firmts write RURAL and give nearest town) .FNGTH OF STAY IN b e IS RESIDENCE ON A FARM? NSTITUTION (It not in hospital, give street address) NO DATE Middle 3 NAME OF First OF DEATH DECEASED F UNDER 1 YEAR IF UNDER 24 HRS AGE 6 COLOR OR RACE 7 MARRIED birthdoy) Months Hours WIDOWED event with n 72 haurs after death 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 400° ef Medical Examiner's 13 FATHER T NAME 17 INFORMANT If yes give war or dates of service 9600 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the work DUE TO n any Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoling the underlying couse ond last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? or remayal, NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port L or Port L of item 18) 200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I ELL EXAMINER: CAUSE OF DEATH. cremation, WEDICAL 20e PLACE OF INJURY (Home form 20t (City or town) (County) (State) 20d INJURY OCCURRED 20c TIME OF NJURY Month, Doy Year factory street, office bldg etc.) Not While DIRECTOR: Page of work and in my apinian 21 I certify that I taak charge of the remains described above, held an Autopsy Inspect an Notural causes death resulted fram: Accident Suicide Homicide Undetermined manner prior to 22 DATE SIGNED ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE funeral FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME 'Type) 0 VR A15ME (5) 6M 1/67 DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14477
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Somerset MARYLAND 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) b. COUNTY Somerset MARYLAND
lessary the funeral 5 ma bg Department	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Cristicia Cristicia Cristicia
Page 5 m	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) W. Main St. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum_{NEW} \) V. Main St.
any deta 2, and PM3. F PM3. A TZ hou	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) AUSTIN PIERSON LAWSON DEATH Oct. 4 19 67
To least	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Last birthdey) Months Days Hours Min. White Widowed Divorced Dec. 26, 1898 9. AGE (in years left under 1 year left under 24 Hrs. last birthdey) Months Days Hours Min.
s after dea 18. Give Palong with along with along and and any event	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) Machinist 11b. Kind of Business or Industry Crisfield, Md. 12. Citizen of What Country U.S.A.
4 hours a lem 18. Office alo	13. FATHER'S NAME Edward Lawson 14. MOTHER'S MAIDEN NAME Bertha Sterling
within 24 pencil in li miner's Off permit. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ("Frequency of actions of service") 212-10-4686 Mrs. Elizabeth Lawson- Cristield, Md.
EXAMINER: This certificate should be executed within 24 hours after death. If any delth certificate, writing the word "pending" in pencil in item 18. Give Pecer 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. riles. Fig. 108: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sidesignated agent, prior to burial, cremation, or removal, and in any event within 72 ho	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which gave rise to immediate cause (a), stating tha underlying cause last. (c) INTERVAL BETWEEN ONSET AND DEATH DE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
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the certificate should be should be in files.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _x_, Inquiry, and in my opinion death resulted from: Natural causes _x_, Accident, Suicide, Homicide, Undetermined manner
EDIC Sute age 4 your DIREC	actual signature M.D. ASSISTANT MEDICAL EXAMINER 10/6/67
DEPUT ease rector tained tained FUNER	EXAMINER'S C. G. Rawley, M.D. Address (Street, city, town, or county) Crisfield, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
OF AISME (S)	Burial Oct. 8,1967 American Legion Cemetery Crisfield, Md. 24. FUNERAL DIRECTOR Bradshaw & Sons — Crisfield, Md. 252. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE OCT. 1 0 1967 OCT. 1 0 1967
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

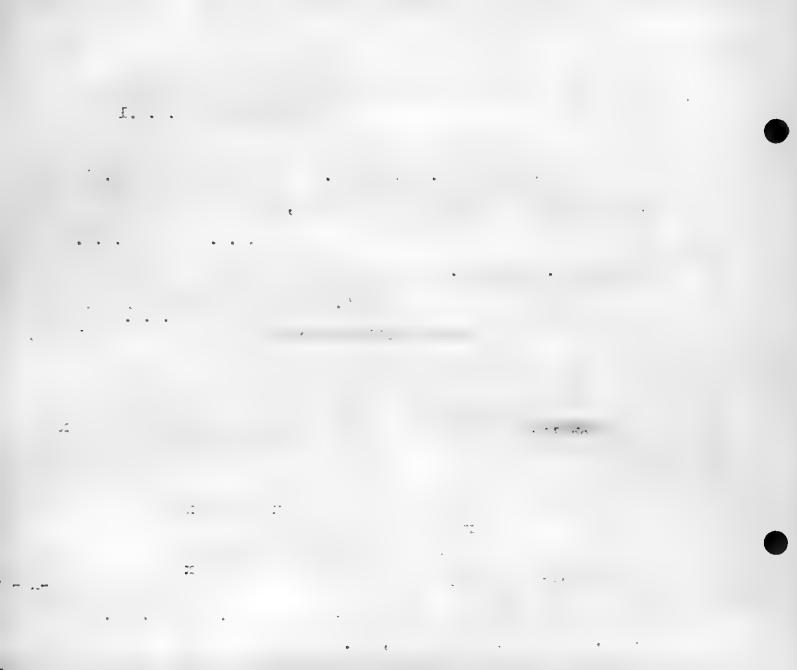
CERTIFICATE OF DEATH 14474 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE b. COUNTY Somerset Somerset Maryland MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Life Marion Marion B IS RESIDENCE ON A FARM? d STREET ADDRESS papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) signed by the attending physician and campletely/fi.lled burial-transit permit. Then please remave carbat part RFD Box 151 RFD Box 151 YES NO law requires that the death certificate be executed within Middie DATE Month NAME OF First Year Lost Day DECEASED BRITTINGHAM LONG October LULA 27 19 67 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (n years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED as last birthday) Months Davs Hours Sept 20, 1879 DX. and in any Female WIDOWED DIVORCED caucasion 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWITE 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CT ZEN OF WHAT INDUSTRY COUNTRY? Somerset, Maryland Own home 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Wm. Samuel Brittingham Margaret Dorsey 16. SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Ces, no, or unknown) (If yes give wor or dotes of service) Alonzo S. Long, Same as 2. abcd crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the has been prior to last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Lean TO FUNERAL DIRECTOR: After this certificate ā 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work 20, 19,67, to. 21. I certify that (1) (this haspital) attended the deceased fram. shauld 19 67, and that death accurred at 2:30 PM, fram causes and an the date stated above saw the deceased alive an 22o. SLONATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. PHYS filed r, page be filed 22d ADDRESS PHYSICIAN S NAME (Type) James A. Sterling. W. Main St., Crisfield, director, shauld 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, Burrenoval (Specify) Oct. 29. 1967 Rehobeth Baptist Cemetery Rehobeth, Somerset, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1967 Bradshaw & Sons, Crisfield, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14479 CERTIFICATE OF DEATH nin 72 hours after death. and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odin ssion) o. COUNTY n. STATE **b** COUNTY Maryland Somerset Somerset MARYLAND The law requires that the death certificate be executed within 24 habus after b CITY OR TOWN (If outside corporate iimits write RURAL and give nearest town) r. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Crisfield 21 De 21 Days Crisfiel d d. STREFT ADDRESS e IS RESIDENCE ON A FARM? papers. McCready Memorial Hospital Chesapeake Avenue YES NO T 3 NAME OF Middle Lost 4 DATE Yeo Doy DECEASED Glennie Geneva Lowe Oct. 67 (Type or print) 6 19 DEATH S SEX 9. AGE (In years JELINDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH IF LINDER 24 HRS ost burthday) Hours White March 2, 1872 WIDOWED TO DIVORCED Female and in an ren 11 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) Seafood Hoopers Island, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remayal, unknown unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 217-54-5908T Mrs. Eva Mettberg, Newark, N. J. 18 CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician DENECTOR: After this certificate has been signed by DUE TO Conditions if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE COND T ON GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES [NO [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of term 1B) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MED CALEXAMINER) MEDICAL (City or town) (Stote) 20c TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, Hour om factory, street, office bidg , etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased from and that death as 19 to Col Can, 19 C 7 that (i) (we) last and that death accurred at M, fram causes and an the date stated above saw the deceased alive an. 220. SIGNATURE 226 DATE SIGNED **ATTENDING** MED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S Peyton, M.D. Crisfield, Maryland NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) SEMOVAL (Specify) Oct. 10.1967 Crisfield Cemetery Crisfield, Md. 25o. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Bradshaw & Sons -- Cristield, Md. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. CDUNTY SOMERSET MARYLAND SOMERSET MARYLAND funeral funeral CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Departmer after deatl PRINCESS ANNE PRINCESS ANNE R.F.D.L d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? State ďΣ RURAL 1 NO YES **⊕**′~ any dela 3. NAME OF First Middle Last DATE Month Day Year DECEASED OF DEATH OCT. BENJIMAN S. 19 67 MOORE JR. (Type or print) 2 with within 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. cate should be executed within 24 hours after death. If the word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with form 7. MARRIEO NEVER MARRIED last birthday) Months Days Hours MALE MAY 12.1906 61 WIOOWED DIVORCED l and a 10a. USUAL OCCUPATION (GIVE kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. BARNWELL.S.C. BOOKKEEPER pages 1 13. FATHER'S NAME MOTHER'S MAIDEN NAME BENJIMAN S. MOORE BESSIE READY File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or dates of service) permit. I removal, MRS.INEZ MOORE PRINCESS ANNE. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN INTUTOS burial-transit PART I, DEATH WAS CAUSED BY: Subarachnoid Hemorrhage IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b). geve rise to immediate DUE TO cause (a), stating the used as a to burial, (60 underlying cause lest. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION EXAMINER: This certificate the certificate, writing the should be forwarded to the PERFORMED? YES A ND 20a. EXTENNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should be agent, prior 20b. DESCRIBE HOW INIURY OCCURRED. (Enter nature of iniury in Part 1 or Part 11 of Item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While: Not While CTOR: Page designated 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 1 Inquiry and in my opinion DIRECTOR: death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER YOUR ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEI for DEPUTY MEDICAL EXAMINER director. retained EXAMINER'S SutterMD Everett Somerset NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) of o 16/ 9 1967 10 ASBURY CEMETERY VERNON. MD. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL CIRECTOR ADDRESS 'arey WILSON PRINCESS ANNE. MD. 196 VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6473 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Maryland o. COUNTY b. COUNTY Somerset Somerset MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and givernequest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cristial d Days papers in 72 hoy d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? 114 Mariners Road McGready Memorial Hospital YES NO DE NAME OF Middle First DATE Month pou Sterling and in any event, wit DECEASED Lillie OF DEATH Oct. Long (Type or pnnt) S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** 95 surriday) Months Hours White July 26.1872 Female WIDOWED A DIVORCED 100 USJAL DCCUPATION (Give kind of work done during most of working live, even if retired)
housewife 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT COUNTRY'S **INDUSTRY** attending physicion sermit. Then please Somerset Co., Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl bur al, cremation, or removal, Georgianna Price Alexander Long 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Crisfield, Md. 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) Burns Sterling, 114 Mariners Rd. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' 4 3.00 DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse os the prior to has been last. 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) FICAT ON Health r NO 200 ACCIDENT WAS UNDERLY NG . 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF NILRY Month, Doy, Year (County) factory, street, office bidg., etc.) Hour o.m. Not While of work of work 21 1 certify that (1) (this haspital) attended the deceased fram , 19___, that (I) (we) last ta_ O HOSPITAL OR ATTEND Page 4 may be retained , and that death accurred at 2:06M, from causes and on the date stated above 1957 saw the deceased alive an act. TO FUNERAL DIRECTOR: 22b DATE SIGNED 220. SIGNATURE MED DIRECTOR r, page 3 be filed v 22d. ADDRESS 22c. PHYSICIAN'S Crisfield, Maryland NAME (Type) M. Peyton, M.D. director, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL CREMATION Crisfield.Somerset,Md. 10/18/67 Asbury Crisfield, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14453 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FORISTATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH p. COUNTY Maryland 0 Somerset Somerset ᇴ MARYLAND b CTY OR TOWN (If autside carparate limits, C JENGTH OF STAY IN ID c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town Crisfield 53 vears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d SIRFET ADDRESS ON A FARM? Broad Street 20 Maryland Ave. 흥 8. Give Poges NO X 3 NAME OF Middle Last Manth Doy Year DECEASED CLARENCE THOMAS TODD 28. 67 October within 19 (Type or print) DEATH withi S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Jast b rthday) Haurs Male Feb. 11. 1890 White WIDOWED D₁VORCED ond 2 event 100 USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT Seafood USA USA Aub Holland Island. Md. Waterman Exominer's pages pencl 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within = George W. Henrietta Trice Todd File (Yes, na ar unknown) (A yes give wor or dates of service) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit removol, 214-32-7449 Miss Hilda Todd, Annapolis, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY Cerebral hemorrhage 5 MMEDIATE CAUSE (o) writing the ward used as a burial-tr burial, cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying cause last WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO designated agent, priar to þ 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of neury in Part I or Part II of item 18) 3 should PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, ((dy or town) (County) (State) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XI. Inquiry and in my apintan Natural causes (x). Accident (1). deoth resulted fram Suicide 🗍 the funerol director Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER **SIGNATURE** 10/31/67 TO DEPUTY DEPUTY MED CAL EXAMINER DE **EXAMINER'S** 5 may 1 10 FUNE Health (C. G. Rawley, M. D. Crisfield. Md. Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23d BURIAL, CREMATION, BIJT REMOVAL (Specify) Oct. 31, 1967 Sunnyridge Cemetery Crisfield, Somerset, REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ochowla VR A15ME (5) Bradshaw & Sons, Crisfield, Md. DATE 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH

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		PLACE OF DEATH Somers	et MARYLAND	2. USUAL RESIDENCE o. STATE M. 8.3	(Where deceosed lived, if institution by the notion of the count of th	n: Residence before odmission) Y Somerset		
an, ar remaval, and in any event, within 2 hours after		CITY OR TOWN (If outside corporate limit write RURAL and give georest town)	rvland 28	,	utside corporote limits, write RURA	L ond give neorest town)		
	1	n name of Hospital or Institution (III) McCready Memoria		d. STREET ADDRESS	rugaton	e. IS RESIDENCE ON A FARM? YES NO		
		VAME OF ETHEL, Type or print)	Bl anche Middle	Ward	4. DATE OCT.			
	F	emale 6. COLOR OR RACE White	WIDOWED DIVORCED	B. DATE OF BIRTH June 21, 1	9. AGE (In years lost birthdoy) 73 yrs.	Months Doys Hours Min.		
	1Do. duri	USUAL OCCUPATION (Give kind of work done ag most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY NODE	11. BIRTHPLACE (County Kingston	12. CITIZEN OF WHAT COUNTRY?			
	13.	FATHER'S NAME Charles	T. Ward	14. MOTHER'S MAIDEN	NAME Lucy Covington			
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES: s, as or unknown) (If yes give wor or dotes		informant gene B. War	d — Wilmington			
		IB. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Mar.	ulerus		INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, which gove)	E TO (b)					
	0	rise to immediate couse (a), stating the underlying cause last.	E 10 (c)					
		PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item IB.)			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While - Not While - foc	CE OF INJURY (Home, for tory, street, office bldg., etc		(County) (State)		
		21. 1 certify that (I) (this haspital) attended the deceased fram						
		220. SIGNATURE CAR Rawley M.D. ATTENDING DIRECTOR D STAFF PHYS. D 22b. DATE SIGNED						
1		22c. PHYSICIAN'S NAME (Type) C. G.	Rawley, M.D.	22d. ADDRESS	sfield, Mary	land		
)	230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) Oct. 15			23d. LOCATION (City or Tow Salisbury			

22o. SIGNATURE C& Rawley MED. DIRECTOR ATTENDING PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS C. G. Rawley, M.D. Crisfield, Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Salisbury Wicomic
RAR 25b. REGISTRAR'S SIGNATURE Parsons Cemetery Oct.15,1967 24. FUNERAL DIRECTOR TRANSPORT & Sons -Crisfield, Md. 2So. REC'D BY REGISTRAR

VR A15 (4) 25M 1/67

STAF S Serven Chithards and have a farmer agreement to English - 1892 and and Sim I not well the category to be two as a series and the . . . Care Election 6 10/4---Edicing 'M' conten, w. partern, stocked there, as, and finished . m phothers - ment and ment

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if Institution: Residence before admission) a. COUNTY Somerset Maryland Somerset MARYLANG funeral CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nagrest town) C. LENGTH OF STAY IN 1b Princess Anne 3mos Wenona 0 Debi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) S d. STREET AODRESS e. IS RESIDENCE ON A FARM? Home of relative NO P 4 YES 3. NAME OF Middle Lest DATE Month Year DECEASED Jennie White 1967 (Type or print) Oct DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO | DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Davs Hours WIDOWED OIVORCEO [event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KINO OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. 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KINO OCCUPATION (Give kind of work done line) 10b. KINO OCCUPATION (Give kind of work done line) 10b. KINO OCCUPA 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT hours after de tem 18. Give I COUNTRY? retired H ousehold Maryland USA any pages in any 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 24 hours n Item 18 Joseph Vetra Sarah Emma Webster EXAMINER: This certificate should be executed within 24 hou certificate, writing the word "pending" in pencil in Item rould be forwarded to the Chief Medical Examiner's Office File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes. no. or unkown) | (If yes give war or dates of service) permit. I Sarah Emma Webster no near ONSET AND DEATH SECONDS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] burial-transit cremation, or PART I. OEATH WAS CAUSED BY: Cardiac arrest IMMEDIATE CAUSE (e cremation, **OUE TO** Arteriosclerotic heart disease Years Conditions, If env. which geve rise to immediate OUE TO cause (a), steting the E used as a to burial, (underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMEO? NO 3 should be agent, prior 2Da. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour e.m. While Not While CTOR: Page et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my pointon O FUNERAL DIRECTOR: of Health or its design Natural causes Accident Suicide Homicide Undetermined manner your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR OEPUTY MEDICAL EXAMINER Somerset SutterMD EXAMINEROS Everett retained NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) 23b. OATE THEREOF 23c. REMOVAL_(Specify) Deal Island, Sommerse Cometery. REC'D BY REGISTRAR 24. FUNERAL ALSME (5) We bster Lerov 1/65

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